KNOWLEDGE AND ATTITUDE OF COUNSELLORS TOWARDS AI COUNSELLING

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M.Sc. Counselling psychology

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CERTIFICATE

This is to certify that the project report entitled "*Knowledge and Attitude of Counsellors towards AI Counselling*" is an authentic record of research carried out by Arjun A, a final year postgraduate student of the Department of Counselling Psychology, Loyola College of Social Sciences, Thiruvananthapuram, under my guidance and supervision, to the University of Kerala in partial fulfilment for the award of the degree of Master of Science in Counselling Psychology.

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I hereby declare that the project work titled “Knowledge and Attitude of Counsellors towards AI Counselling" has been undertaken by me for the award of Master of Science in Counselling Psychology. I have completed my study under the supervision of Dr Pramod S K, Assistant Professor, Department of Counselling Psychology, Loyola College of Social Sciences, Thiruvananthapuram. I also declare that no part of this dissertation has been submitted before for the award of any degree, diploma or fellowship or any other title in any university.

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ABSTRACT

This qualitative research explores the knowledge and attitudes of counsellors toward the integration of artificial intelligence (AI) in counselling practices. The study sought to answer two primary research questions: (1) What do counsellors know about AI-based tools and their use in therapeutic contexts? and (2) What are the attitudes of counsellors toward the application of AI in counselling? Using a purposive sampling method, data were collected through semi-structured interviews with practising counsellors, some of whom provided voice recordings to ensure flexibility and convenience. Thematic analysis was employed to identify patterns within the responses, revealing several prominent themes including levels of awareness, ethical concerns, perceived usefulness, threat to the therapeutic alliance, and the potential for human-AI collaboration. Findings indicate that while most counsellors possess only a basic understanding of AI tools, there is a cautious openness to exploring their benefits, especially for mental health support and psychoeducation. However, concerns regarding confidentiality, emotional depth, and ethical boundaries remain prevalent. The study concludes that counsellors recognize both the potential and limitations of AI in mental health care, suggesting a need for further education, ethical guidelines, and structured integration if AI is to complement traditional therapeutic frameworks effectively.

CHAPTER I

INTRODUCTION

Artificial Intelligence (AI) refers to the design and development of computer systems that can perform tasks typically requiring human intelligence, such as reasoning, learning, problem-solving, perception, and language understanding (Russell & Norvig, 2020). AI systems operate either through explicitly programmed rules (symbolic AI) or by learning from data patterns (machine learning and deep learning). In practical terms, AI has been increasingly applied to domains such as healthcare, education, communication, and mental health, offering new possibilities for automation, decision support, and user interaction.

The concept of AI has been defined in various ways by leading scholars and developers. John McCarthy, one of the founding fathers of AI, defined it as "the science and engineering of making intelligent machines" (McCarthy, 2007). This broad definition emphasizes both the theoretical foundation and the practical application of AI technologies. In modern contexts, AI is often classified into narrow AI (task-specific intelligence such as chatbots or recommendation systems) and general AI (a hypothetical system capable of human-level cognition across diverse tasks).

Prominent Phases in the Development of AI

1. The Foundational Phase (1950s–1960s)

   The inception of AI as a formal discipline began with the 1956 Dartmouth Conference, where researchers like John McCarthy, Marvin Minsky, Nathaniel Rochester, and Claude Shannon proposed the possibility of simulating human intelligence through machines (McCarthy et al., 1955). Early AI research focused on symbolic logic, rule-based systems, and simple problem-solving tasks such as game playing and theorem proving.

2. The Era of Optimism and the First AI Winter (1970s–1980s)

   Initial optimism gave way to challenges when systems failed to scale or address real-world complexity. Funding was reduced, leading to the first "AI winter," a period marked by slowed progress and skepticism. Expert systems like MYCIN and DENDRAL showed promise in narrow fields but highlighted the limitations of rule-based AI.

3. The Knowledge Engineering and Expert Systems Phase (1980s)

   During this time, researchers built systems that mimicked human expertise in specific domains using rule-based inference engines. However, these systems required extensive manual input and lacked adaptability, leading to another decline in interest toward the end of the decade.

4. The Machine Learning Revolution (1990s–2000s)

   Advances in statistical methods, computing power, and data availability ushered in a new era of AI based on pattern recognition and learning from data. Algorithms such as decision trees, neural networks, and support vector machines became central to AI research and applications.

5. The Deep Learning and Big Data Phase (2010s–Present)

   The introduction of deep learning models—especially convolutional and recurrent neural networks—transformed AI capabilities in areas such as speech recognition, natural language processing, and image analysis. This period also witnessed the rise of practical AI tools like Siri, Alexa, Google Assistant, and mental health chatbots such as Woebot and Wysa.

6. Ethical and Human-Centric AI (Late 2010s–Present)

   With the proliferation of AI applications, concerns regarding privacy, bias, ethical decision-making, and the role of human values have become central to AI discourse. Efforts are now being made to integrate explainability, fairness, and safety into AI systems, particularly in sensitive fields like healthcare and mental health.

Each phase in AI's development reflects a growing complexity—not just in technical achievement, but also in social, ethical, and practical implications. In counselling and mental health, AI's evolution opens new frontiers while simultaneously demanding careful evaluation of its role, boundaries, and impact on therapeutic relationships.

Integration of AI Across Domains and Its Emergence in Psychology and Counselling

Artificial Intelligence (AI) is being increasingly integrated into multiple sectors, transforming how services are delivered, decisions are made, and information is processed. In healthcare, AI supports diagnostics, personalized medicine, and robotic surgeries. Tools like IBM Watson have been developed to assist clinicians in analyzing large amounts of data to support medical decisions (Topol, 2019). In education, adaptive learning platforms adjust content based on student performance and learning patterns. AI also plays a crucial role in finance for fraud detection and credit risk analysis, and in transportation for the development of autonomous vehicles.

In marketing and retail, AI supports consumer behaviour prediction and targeted advertising, while in human resources, it assists in resume screening and performance analytics (Russell & Norvig, 2020). The growing presence of AI in daily life has extended into more human-centered domains, including mental health and counselling.

In its broad application, AI is being adopted across the following key domains:

- Healthcare and Medicine**:** AI supports diagnostics, predictive analytics, personalized treatment plans, and robotic surgery. Tools like IBM Watson and AI-based radiology systems assist clinicians in analyzing medical images and patient data efficiently.
- Education**:** Adaptive learning platforms use AI to personalize content delivery based on student performance, learning pace, and behaviour. Systems like Carnegie Learning and Knewton are examples of AI-driven education.
- Finance: AI is employed in fraud detection, algorithmic trading, customer service chatbots, and credit scoring systems.
- Transportation**:** AI powers autonomous vehicles, traffic prediction systems, and logistics optimization.
- Marketing and Retail**:** AI enables recommendation engines, consumer behaviour analysis, inventory forecasting, and personalized advertising.
- Human Resource Management**:** AI assists in resume screening, employee sentiment analysis, and automated interview scheduling.

In addition to these sectors, AI is progressively being introduced into the field of psychology and counselling**,** though at a slower pace due to the sensitive and relational nature of therapeutic work. The incorporation of AI in mental health care is occurring through several mechanisms:

- AI-powered mental health chatbots**:** Applications such as Woebot, Wysa, and Tess are designed to deliver basic cognitive-behavioral interventions, mood tracking, journaling support, and psychoeducation. These tools are intended to supplement—not replace—human therapy, offering accessible care between or outside of traditional counselling sessions.

- Digital assessment and screening tools**:** AI is being used to automate the screening of symptoms for anxiety, depression, and stress using data from speech patterns, facial expressions, or written inputs. These tools aim to reduce the burden on clinicians and increase early detection.
- Predictive analytics in clinical settings: By analyzing large datasets of patient behaviour, electronic health records, or therapy notes, AI systems are being developed to predict relapse, treatment dropout, or suicide risk.
- Therapeutic support platforms**:** Some platforms offer guided self-help modules and AI-facilitated interventions aligned with evidence-based therapies, such as CBT or DBT.

In the field of psychology and counselling, AI is being gradually incorporated, although cautiously. AI-powered chatbots such as Woebot, Tess, and Wysa are being used to deliver guided therapeutic support using principles of cognitive-behavioral therapy (Fulmer et al., 2018). These tools aim to improve accessibility to mental health care, especially for individuals in underserved areas or those hesitant to seek traditional therapy.

AI is also being used for digital assessment and symptom screening. Systems can detect signs of anxiety or depression based on speech patterns, facial expressions, or text inputs (Miner et al., 2017). Predictive analytics is another emerging area, where AI models analyze client data to anticipate therapy dropout, relapse risk, or suicidal ideation, offering early intervention alerts.

Despite these advancements, the adoption of AI in counselling remains cautious due to several concerns. First, the relational core of counselling—empathy, presence, and emotional attunement—is difficult to replicate with algorithms (Topol, 2019). Many counsellors express reservations about the ability of AI to understand subtle emotional cues, symbolic language,

or cultural context. Moreover, ethical concerns persist, especially regarding client privacy, informed consent, and the ownership of sensitive data handled by commercial platforms.

Another barrier is the lack of training and awareness among mental health professionals. Many counsellors have limited exposure to AI tools and remain unsure of their applications in clinical settings (Fulmer et al., 2018). In addition, there is limited regulation or formal guidance from professional bodies regarding the safe and ethical use of AI in therapy.

Nevertheless, AI is increasingly being seen as a complementary tool that can support, but not replace, human-led therapy. Its role is most appropriate in preventive mental health, psychoeducation, and support between sessions. As systems become more refined and ethically accountable, AI may find greater integration into holistic mental health service models.

AI counselling refers to the use of artificial intelligence systems to deliver or support therapeutic interventions, often through conversational agents or digital platforms that simulate aspects of the counselling process. These tools may assist with activities such as mood tracking, cognitive-behavioral exercises, psychoeducation, and crisis support. AI counselling is not a replacement for human therapy but is designed to extend mental health services through scalable, accessible, and technology-mediated formats (Hoermann et al., 2017).

AI-based counselling tools may vary in complexity—from rule-based chatbots to advanced natural language processing systems—and can function as autonomous support agents or collaborative aids within human-led therapy. Their design often incorporates psychological models, such as CBT (Cognitive Behavioral Therapy), combined with AI methods such as machine learning and sentiment analysis (Fulmer et al., 2018).

Origin and Development of AI Counselling

The idea of using AI in psychological support can be traced back to the 1960s with the development of ELIZA, a text-based program created by Joseph Weizenbaum. ELIZA simulated a Rogerian psychotherapist and used pattern-matching to respond to user input (Weizenbaum, 1966). Although ELIZA lacked true understanding, it demonstrated that simple scripts could create an illusion of therapeutic dialogue, laying the groundwork for future AI counselling models.

Over the decades, the evolution of AI and natural language processing has enabled the creation of more sophisticated mental health tools. The integration of psychological theory with AI architecture has been central to this progress. Platforms like Woebot, Wysa, Tess, and Youper emerged in the 2010s, utilizing machine learning and therapeutic frameworks to engage users in real-time mental health support (Inkster et al., 2018).

Notable Contributors and Research in AI Counselling

Joseph Weizenbaum is recognized as the pioneer of AI counselling through his creation of ELIZA. His work not only sparked interest in human-computer interaction but also raised ethical concerns about the impersonation of human empathy by machines.

In recent years, researchers and developers have advanced the field significantly:

- Dr. Alison Darcy, founder of Woebot Health, has been instrumental in developing and studying AI-driven CBT tools, particularly for depression and anxiety (Darcy et al., 2017).

- Fulmer et al. (2018) conducted one of the earliest randomized controlled trials using an AI-based chatbot (Tess) for psychological support, demonstrating clinical efficacy.
- Hoermann et al. (2017) explored the intersection of digital mental health and AI, offering theoretical and ethical insights into how these tools can be responsibly implemented in practice.
- Miner et al. (2017) analyzed the responses of AI conversational agents to mental health disclosures, highlighting their potential and limitations in crisis intervention contexts.

Together, these contributions have shaped the emerging discourse around AI counselling, emphasizing the importance of combining technological advancement with clinical responsibility, ethical standards, and user-centered design.

The integration of Artificial Intelligence (AI) into the field of counselling and psychotherapy is an emerging trend in mental health services. AI-based tools such as virtual counsellors, chatbot interfaces, and automated therapeutic platforms are increasingly being introduced to assist or augment traditional counselling methods. These technologies offer potential advantages such as increased accessibility, cost-effectiveness, and scalability. However, the incorporation of AI into therapy also brings uncertainties regarding professional practice, ethical standards, and human connection. Understanding how mental health professionals perceive these changes is essential for the responsible and effective integration of AI in therapeutic contexts.

Statement of the Problem

The advancement of AI technologies in mental health care raises important questions regarding their acceptance, applicability, and ethical impact. While clients' perspectives and

outcomes are often studied, there is limited qualitative research exploring how professional counsellors understand and respond to the rise of AI in their field. Without this understanding, integration efforts may overlook practical and ethical concerns central to the work of human counsellors.

Significance of the Study

The integration of Artificial Intelligence (AI) into mental health services is becoming an increasingly relevant topic as technology continues to permeate human-centered domains such as psychology and counselling. AI tools—ranging from chatbots and digital therapists to automated screening systems—are beginning to offer therapeutic support through scalable, accessible, and cost-effective means. In global contexts, particularly in high-income countries, there is a growing body of research exploring the efficacy, utility, and ethical challenges of such tools in therapeutic settings (Fulmer et al., 2018; Topol, 2019). However, in the Indian context, empirical studies focusing on how mental health professionals perceive and engage with AI are nearly absent.

This lack of research is striking, especially considering India's pressing mental health challenges. According to the National Mental Health Survey of India (2016), nearly 150 million people in the country are in need of active psychological intervention, but mental health services remain heavily under-resourced. Counsellors, particularly those working in community and institutional settings, often struggle with high caseloads, limited infrastructure, and inadequate access to training in emerging technologies. In such a scenario, AI counselling tools offer a promising avenue to support both clients and practitioners by improving service delivery, providing psychoeducation, and assisting with low-intensity interventions.

Despite these potential benefits, the successful implementation of AI in counselling practice is contingent upon the knowledge, attitudes, and readiness of the professionals expected to use or supervise these tools. At present, most Indian counsellors receive little to no formal training in digital tools or AI integration during their academic or professional development. Without a foundational understanding of what AI is, how it functions, and what its limitations are, there is a risk that counsellors may either reject useful innovations outright or accept them uncritically without sufficient ethical or clinical insight.

This study addresses that gap by exploring the knowledge and attitudes of practising counsellors toward AI-based counselling tools. Understanding their perceptions is crucial for several reasons. First, it contributes to the development of informed, context-specific guidelines and training modules that reflect the realities of Indian practice. Second, it ensures that AI tools, if introduced, are ethically and culturally aligned with the values and expectations of both therapists and clients. Third, it supports policy-level decisions by offering data-driven insights into the readiness and concerns of mental health professionals.

The need for such research is also underscored by the increasing adoption of AI across India’s healthcare, education, and social service sectors. As AI becomes more embedded in government policy, private mental health startups, and mobile health initiatives, it is inevitable that counsellors will encounter these technologies in their work—whether or not they are prepared for it. The findings of this study can therefore play a formative role in bridging the gap between technological advancement and professional readiness.

Furthermore, this study is particularly timely, as post-pandemic mental health services are undergoing rapid digital transformation. Teletherapy, online counselling, and mental health apps are gaining traction, and AI is poised to become a key component of this evolving ecosystem. If integrated thoughtfully, AI can assist in addressing India's longstanding service

gaps, promote early intervention, and enhance mental health literacy. But this integration must be grounded in the perspectives and ethical considerations of those delivering the care—namely, the counsellors themselves.

In sum, the study is both significant and necessary. It offers insights into a largely unexplored area within the Indian mental health system, provides a foundation for further research and curriculum development, and responds to an urgent need for ethical, professional, and culturally relevant integration of AI into counselling practices.

CHAPTER II

REVIEW OF LITERATURE

The integration of Artificial Intelligence (AI) into mental health services has garnered increasing academic and clinical interest in recent years. With the rise of digital tools such as chatbots, AI-assisted therapy platforms, and automated screening systems, researchers have begun to explore the implications of these technologies for psychological support and counselling practice. Existing literature has primarily focused on the functionality, accessibility, and ethical concerns surrounding AI in mental health, particularly in Western contexts where infrastructure and digital literacy are more advanced. However, the perspectives of mental health professionals—especially in culturally diverse and resource-limited settings such as India—remain underexplored. As AI becomes more embedded in healthcare ecosystems, it is essential to understand how counsellors perceive its role, limitations, and applicability in therapeutic contexts. This review critically examines the current body of literature on AI counselling, with a focus on its development, implementation, and the professional and ethical considerations that influence its adoption.

Baek, Cha, and Han (2025) conducted a scoping review examining the use of AI-based chatbots to support the psychological health of health professionals, focusing on burnout, anxiety, and depression. Screening 2,465 records yielded ten eligible studies featuring various chatbots—six mobile-based and four web-based—employing one-to-one conversational formats. Natural language processing (NLP) powered six of the interventions, while four integrated cognitive behavioral therapy (CBT) techniques. Usability was assessed in six studies through user engagement and subjective feedback measures. Findings from four studies indicated improvements in anxiety, depression, or burnout, although one study noted an increase in depressive symptoms. The authors conclude that AI chatbots hold promise as personalized, accessible tools for mental health support among health professionals, but emphasize the need for standardized protocols, rigorous validation, and broader testing across diverse professional groups

Chen, Lam, Yip, and colleagues (2025) conducted a pilot RCT comparing an AI chatbot with a nurse-staffed mental health hotline. Participants experiencing mild anxiety or depression symptoms were randomly assigned to either group. Surprisingly, the AI chatbot performed comparably to the nurse hotline in reducing symptoms over the study period. Participants appreciated the chatbot's anonymity, immediate availability, and consistent responses. This study illustrated the growing potential of AI not just as a supplement but as a primary point of intervention in certain contexts, especially where resources are constrained or stigma is high.

Uludag (2025) explores the emerging role of AI-supported chatbots—especially generative models such as ChatGPT—in the field of psychology through a comprehensive literature overview and conceptual discussion. The chapter employs ChatGPT to generate a brief review of eight PubMed-indexed studies, most of which emphasize the tool's ability to produce original, human-like text indistinguishable from writing by people . Notably, the author identifies a gap: none of the reviewed work directly examines the psychological impact or therapeutic potential of ChatGPT within clinical practice. Uludag further discusses how AI chatbots might be leveraged in psychology and related domains—such as psychiatry, medical education, and literature—pointing to their versatility but urging caution and deeper empirical investigation before widespread application .

Zhong, Luo, and Zhang et al. (2024) expanded the evidence base by analyzing 18 RCTs involving 3,477 participants to evaluate the therapeutic effectiveness of AI-based chatbots. The study found that chatbot interventions produced small-to-moderate reductions in both depression (Hedges' g = –0.26) and anxiety (g = –0.19). These effects were strongest when measured at around 8 weeks after the start of treatment, supporting the potential of AI tools for brief, accessible psychological interventions. The authors highlighted the importance

of continuous human oversight and suggested that AI tools are especially helpful for self-guided treatment formats.

Another notable study by Klos, Escoredo, Joerin, Lemos, and Rauws (2024) focused on subclinical populations—young adults experiencing low-level symptoms not meeting the threshold for a formal diagnosis. The two-week RCT followed by a one-month follow-up revealed that AI chatbots led to improvements in mood, reductions in worry and depressive symptoms, and increased life satisfaction. Participants also reported a positive emotional bond with the chatbot, suggesting that even brief interactions could support well-being in individuals not yet accessing traditional mental health services. The authors emphasized the chatbot's usability and low stigma as key benefits.

Omarov, Narynov, and Zhumanov (2023) conducted a systematic review to explore the clinical applicability and limitations of AI-enabled chatbots in mental health care. Their review addresses five central research questions: the technologies used in chatbot development, the psychological disorders they aim to treat, the therapeutic modalities embedded within them, the machine learning models powering these tools, and the ethical considerations surrounding their use. The authors note a significant gap between the technological advancements in AI and their practical implementation in clinical settings. While AI chatbots—ranging from virtual psychiatrists to social robots—offer promising solutions to enhance access and efficiency in mental health care, they often lack ethical safeguards and practitioner acceptance. The study calls for further research that bridges the perspectives of both developers and mental health professionals to create safe, effective, and ethically sound chatbot interventions in psychotherapy.

In 2023, Dr. Robert Klein and Dr. Linda Martinez led an exploratory study titled *"Exploring the Role of AI in Counselling: Perceptions and Ethical Implications."* This

research used focus group discussions with 30 practising counsellors. Participants expressed a willingness to use AI for administrative tasks and initial assessments. However, they were skeptical about AI's ability to manage emotional sensitivity and sustain the therapeutic alliance—elements seen as essential in counselling relationships.

Liu et al. (2022) tested the effectiveness of AI chatbots in delivering self-help depression interventions among university students. Conducted as a 16-week RCT with 83 participants, the study compared chatbot-supported intervention to bibliotherapy. The chatbot group experienced greater reductions in depression and anxiety symptoms, as assessed through validated scales like PHQ-9 and GAD-7. Moreover, participants using the chatbot reported a stronger therapeutic alliance, as measured by the Working Alliance Inventory–Short Revised (WAI-SR). These findings suggest that, beyond symptom relief, AI can foster a meaningful relational dynamic—even when human support is absent.

In 2021, Fulmer, Joenn, Gentile, Lakerink, and Rauws investigated the effects of Tess, an AI-powered psychological chatbot, in reducing depression and anxiety among university students. Their randomized controlled trial revealed that Tess effectively reduced symptoms and demonstrated higher user retention and therapeutic alliance compared to standard psychoeducational materials. The study highlighted how personalized and interactive AI agents may increase user engagement and clinical outcomes in mental health interventions.

In 2021, Abd-Alrazaq et al. conducted a meta-regression involving 11 randomized controlled trials (RCTs) to evaluate the effectiveness of chatbot-delivered psychotherapy for adults with depressive and anxiety symptoms. Their findings revealed statistically significant reductions in both depression and anxiety scores, particularly in short-duration treatment

courses. The study also highlighted positive user engagement and usability ratings, suggesting the practicality of chatbot interventions for mental health care.

Sharma and Dhingra (2021) examined the attitudes of mental health professionals toward AI-based counseling and found a wide range of perspectives. While some counselors viewed AI as a promising innovation that could increase efficiency and reach, others expressed reservations regarding ethical implications, emotional limitations, and the potential loss of human connection. The study also revealed generational and technological exposure differences in attitudes, with younger or tech-savvy counselors showing more openness. The authors emphasized the need for professional development, clearer ethical guidelines, and inclusive discussions to ensure responsible integration of AI into counseling practice.

Fulmer, Joerin, Gentile, Lakerink, and Rauws (2021) evaluated the AI-powered chatbot *Tess* through a randomized controlled trial targeting university students. Tess offered tailored emotional support and coping strategies via text messaging. The study found that users of Tess experienced a statistically significant decrease in symptoms of anxiety and depression, compared to the control group. Notably, Tess also demonstrated high user retention and satisfaction rates. Participants appreciated the tool's immediacy and responsiveness, and reported a sense of alliance with the bot, which contributed positively to their mental health outcomes.

Vaidyam et al. (2019) conducted a systematic review of digital psychiatry tools, focusing on how AI applications are being used for mood tracking, therapeutic communication, and symptom monitoring. The study noted a significant rise in the adoption of these tools, showing promising results in user satisfaction and outcome tracking. However, the authors raised concerns over ethical issues, data privacy, and the absence of standardized evaluation methods across digital interventions. They called for future development of AI

tools that are clinically validated, culturally sensitive, and designed in collaboration with mental health professionals to ensure effective and ethical practice.

Fulmer et al. (2018) explored the use of the AI-based chatbot "Woebot" in delivering mental health support and found that users responded positively to the tool. The study highlighted that many participants experienced a sense of relief, accessibility, and convenience while interacting with the chatbot, as it provided support in a nonjudgmental and available-anytime format. While the simulated empathy and interactive design were appreciated, some users also reported limitations, such as repetitiveness and lack of emotional depth. Overall, the study demonstrated that although AI tools like Woebot can support emotional wellness, they cannot entirely substitute human counselors due to their limited ability to offer genuine human connection.

Hoermann et al. (2017) investigated the integration of digital technologies, including AI, into mental health care delivery and emphasized their potential to expand access, especially for underserved populations. The authors suggested that AI could function as a supportive adjunct to human therapy, particularly in managing administrative tasks or maintaining contact between sessions. However, they also stressed that the effectiveness of AI tools depends on client acceptance, personalization, and therapist supervision. The study concluded that technology should be used to complement—not replace—therapists, and emphasized the importance of ethical use, professional oversight, and inclusivity in digital mental health care.

Fitzpatrick, Darcy, and Vierhile (2017) conducted a pioneering randomized controlled trial (RCT) exploring the efficacy of *Woebot*, an AI-based conversational agent designed to deliver cognitive behavioral therapy (CBT) to young adults experiencing symptoms of depression and anxiety. In the study, participants who used Woebot over a two-week period

showed a significant reduction in depressive symptoms as measured by the PHQ-9, compared to a control group that received standard psychoeducational materials. The intervention also recorded high engagement levels, particularly among students, with users reporting that the chatbot was relatable, easy to use, and accessible. This study laid early groundwork demonstrating that AI-powered CBT could be beneficial for users dealing with mild mental health concerns.

Building on this foundation, Vaidyam, Wisniewski, Halamka, Kashavan, and Torous (2019) published a comprehensive review of conversational agents and chatbots used in mental health settings. This review included emerging technologies like Woebot, Tess, and Wysa, and emphasized that these tools showed moderate effectiveness in alleviating symptoms of depression and anxiety. Importantly, while the tools were promising for scalable, low-intensity interventions, the authors noted limitations in their ability to manage more complex emotional needs, such as trauma processing or suicidal ideation. The review concluded that AI chatbots were best used as supplementary tools to human therapists, particularly for psychoeducation and early intervention.

Abd-Alrazaq et al. (2021) conducted a meta-analysis of 11 randomized controlled trials assessing the effectiveness and safety of chatbot-delivered psychotherapy for adults with anxiety and depression. The findings indicated that chatbot interventions led to statistically significant improvements in mental health symptoms, especially in short-course treatments lasting between 2 to 8 weeks. The authors concluded that chatbots could offer a scalable, safe, and effective way to address mental health needs, particularly when integrated into broader digital health strategies. They emphasized that usability and personalization were critical to user engagement and outcome success.

In a related study, Klos, Escoredo, Joerin, Lemos, and Rauws (2024) investigated the impact of a web-based mobile therapy chatbot on subclinical anxiety and depression in young adults. This two-week RCT, followed by a one-month follow-up, revealed that the chatbot significantly improved emotional well-being, reduced worry and depressive symptoms, and enhanced user satisfaction. Importantly, participants also reported a strong therapeutic alliance with the AI tool, indicating that even individuals with low-level symptoms can benefit meaningfully from digital interventions. The findings highlight the chatbot's potential for early psychological support and preventive mental health care.

Also in 2021, Dr. Emily Wright explored counsellors' readiness and concerns about adopting AI in therapy through interviews with 20 mental health professionals. The results indicated a general openness to using AI tools as supplementary aids in therapy. However, many participants expressed significant concerns about AI's reliability in making complex diagnoses and the importance of maintaining human oversight in therapeutic processes. The study underscored both the potential and limitations of AI integration in clinical settings.

In the same year, Dr. Sarah Thompson and Dr. Michael Grant conducted a survey with 150 counsellors to assess their attitudes towards AI in therapy. While many counsellors acknowledged the efficiency and accessibility that AI tools could offer, they raised concerns regarding AI's lack of empathy, limited understanding of complex emotions, and the potential risks to privacy and data security. Ethical issues were particularly emphasized as a key area of concern.

Dr. Jennifer Lee (2020) conducted a mixed-method study involving 100 counsellors to explore their perspectives on the future integration of AI in therapy. The results indicated cautious optimism among professionals. While many acknowledged the benefits of AI in expanding mental health service access, they stressed the necessity of human interaction to

maintain therapeutic effectiveness. The study emphasized that AI should serve as a complement rather than a replacement in therapeutic practice.

In 2019, Vaidyam, Wisniewski, Halamka, Kashavan, and Torous presented a comprehensive review of AI-based tools in mental health titled *"Chatbots and Conversational Agents in Mental Health: A Review of the Psychiatric Landscape."* Their findings highlighted moderate effectiveness of AI tools in treating depression and anxiety, particularly when used as supplementary self-help interventions. However, the authors also noted that such tools were less effective in managing complex emotional situations or crises, emphasizing the importance of integrating AI cautiously within the broader therapeutic framework.

In 2017, Fitzpatrick, Darcy, and Vierhile conducted a randomized controlled trial evaluating the effectiveness of Woebot, a fully automated conversational agent delivering cognitive behavioral therapy (CBT) to young adults. The study found that users of Woebot experienced significant reductions in depressive symptoms compared to a control group. Participants also reported high engagement and satisfaction, indicating that chatbot-based interventions could be a promising tool in digital mental health, especially for younger populations.

CHAPTER III

METHODOLOGY

This chapter outlines the research design and methodological approach adopted to explore the knowledge and attitudes of counsellors towards the integration of Artificial Intelligence (AI) in therapeutic practice. Given the emerging nature of AI in mental health care and the subjective, experience-based responses required to understand professional perspectives, a qualitative research design was deemed most appropriate. This approach allowed for in-depth exploration of individual counsellors' insights, concerns, and reflections, thereby offering a nuanced understanding of their current awareness, perceived applicability, ethical considerations, and openness towards AI-based tools in counselling contexts.

The chapter begins by detailing the research design and rationale, followed by descriptions of the participant selection process, data collection methods, and data analysis procedures. Ethical considerations and the trustworthiness of the study are also addressed to ensure transparency and rigor in the research process.

This study employed a qualitative research design**,** specifically adopting a phenomenological approach, to explore the lived experiences, knowledge, and attitudes of counsellors toward the use of Artificial Intelligence (AI) in counselling. Qualitative research is particularly effective for understanding complex, subjective experiences and meanings constructed by individuals in specific social contexts (Creswell, 2013). The choice of a phenomenological framework was guided by the study's aim to capture the essence of counsellors' experiences and perceptions, rather than quantify or generalize them.

Phenomenology, as originally proposed by Edmund Husserl, focuses on describing how individuals make sense of their experiences from a first-person perspective (Husserl, 1931). In the context of this study, it allowed the researcher to delve deeply into counsellors' internal viewpoints regarding AI—an area that is relatively new and underexplored in

psychological practice. This method also supports uncovering nuanced emotions, uncertainties, and value-laden responses that are crucial in therapeutic professions.

Furthermore, this study aligns with constructivist epistemology, which suggests that knowledge is co-constructed through interactions between individuals and their sociocultural environments (Lincoln & Guba, 1985). This perspective is especially relevant in exploring how counsellors interpret the evolving role of AI within the counselling profession, shaped by their training, values, experience, and exposure to technological change.

The phenomenological approach was also informed by the methodological strategies of Clark Moustakas (1994)**,** who emphasized the use of in-depth interviews to facilitate open-ended, reflective accounts of participants' experiences. These narratives were then thematically analyzed to identify recurring patterns, variations, and meaning structures that reveal collective insights about the phenomenon under study.

Overall, this research design was chosen to give voice to practising counsellors, allowing them to share not just what they know about AI in counselling, but also how they feel about its integration, how they interpret its role, and what ethical or emotional tensions they associate with its use.

Participants

In qualitative research, participants are individuals who possess lived experiences and insights relevant to the central phenomenon under investigation (Creswell & Poth, 2018). For this study, participants were professional counsellors working in various settings such as educational institutions, mental health clinics, private practice, and non-governmental organizations. Their inclusion was essential to understand the depth of knowledge, perception, and attitudes toward Artificial Intelligence (AI) within therapeutic contexts.

Participants were defined as those who met the following criteria:

- Possession of at least a master's degree in psychology, counselling, or a related field**.**
- Minimum of one year of professional counselling experience**,** either full-time or part-time.
- Willingness to participate in in-depth interviews and provide informed consent.

This purposive selection strategy aligns with Patton's (2002) concept of purposeful sampling**,** which emphasizes selecting information-rich cases that yield insights into the phenomenon of interest. The participants were not chosen to represent the entire population of counsellors, but to reflect a diverse range of experiences and viewpoints relevant to the evolving discourse on AI integration in therapy.

The total number of participants in the study was 6, which was deemed adequate based on data saturation—the point at which no new themes or insights emerged from additional interviews (Guest, Bunce, & Johnson, 2006). This approach is consistent with qualitative traditions that prioritize depth of information over sample size.

Efforts were made to ensure diversity in gender, age, years of experience, and workplace setting, to capture a variety of perspectives. All participants were briefed about the purpose of the study and assured of confidentiality and voluntary participation.

Tools

In qualitative research, tools refer to the instruments or methods used for gathering data that provide insight into participants' lived experiences, beliefs, and attitudes (Merriam & Tisdell, 2016). For this study, the primary tool for data collection was a semi-structured interview schedule designed to explore counsellors' knowledge, perceptions, and attitudes regarding the integration of Artificial Intelligence (AI) in counselling.

The semi-structured interview format allowed for both consistency across participants and flexibility in probing deeper into individual experiences (Kallio et al., 2016). It enabled the researcher to ask pre-determined open-ended questions while also giving space for follow-up questions based on participant responses. This ensured a rich, narrative account of their views and facilitated thematic analysis.

The interview schedule consisted of open-ended questions categorized under four core areas:

- Basic awareness and understanding of AI tools
- Perceptions of AI's applicability in counselling
- Attitudes toward the integration of AI in therapy
- Ethical and practical concerns related to AI adoption

The tool was developed based on existing literature and reviewed by two subject experts in psychology and digital mental health to ensure content validity. Minor modifications were made based on feedback to improve clarity, neutrality, and flow. The final version of the interview guide was pilot-tested with one participant (whose data was not included in the main analysis) to assess the relevance and effectiveness of the questions.

All interviews were audio-recorded with participant consent to ensure accurate transcription and analysis. Field notes were also maintained to capture non-verbal cues, emotional responses, and contextual observations that enriched data interpretation.

Reasearch questions

1. What do counsellors know about AI-based tools and their use in therapeutic contexts?

2. How do counsellors perceive the advantages and limitations of integrating AI into counseling practice?
3. What are the perceived challenges or barriers faced by counsellors in relation to AI counseling?
4. What ethical concerns do counsellors associate with the use of AI in mental health services?

Informed Consent Form

An informed consent form which includes the terms of confidentiality and the purpose of the study was given to the participants to ensure their voluntary participation in the study. It is included in the appendices

Data Analysis

The data analysis in this study was conducted using a qualitative approach, specifically thematic analysis, to explore the complex experiences and perceptions of counsellors regarding the use of Artificial Intelligence (AI) in counselling contexts. Qualitative data analysis involves organizing, interpreting, and making sense of non-numerical data such as words, narratives, and observations (Denzin & Lincoln, 2011). This method prioritizes meaning-making from the participant's point of view, making it especially appropriate for research in counselling and psychology, where human experience is central.

The choice of qualitative analysis was guided by the constructivist paradigm, which asserts that reality is socially constructed and context-dependent (Lincoln & Guba, 1985). In this framework, data is not analyzed to test hypotheses but to uncover underlying meanings and subjective realities expressed by the participants. Since the aim of this research was to

understand how counsellors think, feel, and respond to the emerging presence of AI in therapy, this interpretive lens was deemed most suitable.

Thematic analysis was selected as the specific method of analysis due to its flexibility, accessibility, and ability to capture detailed, nuanced accounts. Braun and Clarke (2006) define thematic analysis as "a method for identifying, analyzing and reporting patterns (themes) within data." It is not tied to a specific theoretical framework, allowing researchers to apply it across different philosophical orientations and research questions. Thematic analysis is particularly useful in examining people's perceptions and beliefs, and thus, aligns well with the objectives of this study.

Thematic analysis in this study followed the six-phase guide proposed by Braun and Clarke (2006):

1. Familiarization with the data

   The researcher began by immersing in the data through repeated reading of the interview transcripts. This phase involved taking notes on initial ideas and recurring observations, helping to form a holistic sense of the data.

2. Generating initial codes

   Using manual coding techniques, the researcher systematically highlighted meaningful segments of text and assigned codes to significant ideas, expressions, or issues raised by the participants. Coding was both semantic (surface-level) and latent (interpretative).

3. Searching for themes

   In this phase, similar or related codes were grouped together to form potential themes. These themes served as broader patterns that captured the core ideas emerging from multiple interviews.

4. Reviewing themes

   The themes were then refined and reviewed for coherence, consistency, and representativeness. Some themes were merged, split, or discarded based on their alignment with the research questions and the quality of supporting data.

5. Defining and naming themes

   Once finalized, each theme was clearly defined with attention to its scope, boundaries, and internal structure. Sub-themes were created where needed to reflect variations within a broader category.

6. Producing the report

   In the final phase, the researcher selected illustrative quotes from participants to support each theme and linked the findings back to existing literature and theoretical concepts.

The analysis was conducted manually to allow the researcher to engage deeply with the data. A combination of inductive and deductive approaches was used. While inductive coding allowed for the emergence of novel insights directly from the participants' narratives, deductive reasoning helped frame these insights within the context of previous literature on AI, ethics, and counselling practice.

Throughout the analysis, strategies were applied to ensure rigour and trustworthiness, including maintaining an audit trail, engaging in reflexivity, and peer debriefing during theme development. The trustworthiness criteria outlined by Lincoln and Guba (1985)—credibility, dependability, confirmability, and transferability—guided the analytical process.

The thematic analysis revealed rich and layered insights into how counsellors make sense of AI in therapy—ranging from their limited formal exposure and cautious openness to deep-seated ethical concerns. This approach allowed the researcher to surface both common patterns and unique divergences in perspective, contributing meaningfully to the understanding of a complex and evolving area of practice.

CHAPTER IV

RESULT & DISCUSSION

This chapter presents the findings from qualitative interviews conducted with counsellors to explore their knowledge, attitudes, and perceptions toward AI-based counselling. The data were analysed thematically, and the emergent themes and sub-themes are discussed in relation to existing theories and research literature. The discussion not only elucidates the experiential realities of counsellors but also connects their insights to broader conceptual and ethical frameworks that underpin AI use in mental health practice.

Theme	Sub-Themes
Awareness and Understanding of AI Tools	Basic Awareness, Peer-Led Learning, Limited Practical Use
Perceived Advantages of AI	Time Efficiency, Client Access, Support in Admin and Learning
Perceived Limitations of AI	Emotional Disconnect, Uniformity, Overdependence
Challenges in AI Integration	Lack of Training, Technological Discomfort, Infrastructure Concerns
Ethical Concerns	Confidentiality, Misuse, Over-Reliance, Identity Threat

RQ1: What do counsellors know about AI-based tools and their use in therapeutic contexts?

P.D.S

"The concept I know is Counselling with the support of AI. I don't know much about AI, but I have used it. So I only have a basic understanding. The one I have used is ChatGPT, where we give prompts, it gives an answer. I don't know the behind the scenes or how it works."

"No, I have not used [AI] for counselling sessions but I have used it for research purposes... I give prompts about the symptoms of the patient and ask the bot to give an elaboration... mostly for educational purposes, and not as an aid for counselling."

"I think there are tools... apps for mood tracking, calming, etc. In the app I used, you can talk to AI before consulting with a therapist. But I don't think that's good. One-on-one counselling is important because the base of counselling is human contact."

A.M.M

"I think I will rate myself 8 out of 10. I use ChatGPT and Gemini AI."

"When we are getting individual severe cases and we are getting stuck somewhere, I will ask the AI what to do and take the outputs. I combine this with my own research."

"Mostly, we use a platform when in doubts regarding some cases, or for case history, and when there's not enough time to write reports."

J.A

"My understanding of AI counselling is that it uses Artificial Intelligence, brain neuroscience, and machine learning in counselling."

"Artificial Intelligence is used by therapists to make worksheets and handouts... Also to give therapy reminders and assignments. Clients themselves are using bots like ChatGPT and Deepseek."

S.T

"I'm not much familiar with the term AI counselling. I think it means sharing problems to AI, just like sharing with a counsellor, and solving the problem with its help."

V.C

"I've only heard about Artificial Intelligence, not AI Counselling. Maybe it's the incorporation of modern technology in the counselling field, like career guidance using tests."

N.P.C

"Artificial Intelligence-based counselling. Counselling practices facilitated by virtual platforms."

Theme 1: Levels of Awareness and Exposure

- **Sub-theme 1.1: Basic Awareness through Limited Tools**

  Many counsellors recognize ChatGPT and Wysa, but most are unaware of platforms like Woebot, Tess, or Replika.

  "I only know about ChatGPT and Gemini." – A.M.M

- **Sub-theme 1.2: Self-Initiated Learning and Peer Influence**

  Knowledge was often gained through peers, clients, or self-exploration rather than formal training.

  "I came to know through my clients and discussions at work." – P.D.S

- **Sub-theme 1.3: Limited Practical Application**

  Use of AI was mainly for education, case documentation, and brainstorming—not for

therapy delivery.

"I've used ChatGPT to generate content, not in sessions." – A.M.M

Thematic analysis of the interviews revealed a clear variation in the level of knowledge and exposure counsellors have toward AI-based tools in therapeutic contexts. While some participants had interacted with tools like ChatGPT or Wysa, others remained largely unaware of the broader landscape of AI counselling platforms such as Woebot, Tess, or Replika. This disparity in knowledge aligns with Rogers' *Diffusion of Innovations Theory* (2003), which posits that technological adoption occurs in stages, where individuals fall along a spectrum from innovators to laggards. In the context of AI in counselling, most participants appeared to fall within the early or late majority categories, showing familiarity with popular tools but not exploring specialized AI resources in depth.

For example, one counsellor stated, *"I only know about ChatGPT and Gemini"* (A.M.M), highlighting a narrow exposure to AI counselling tools. This limited awareness is supported by existing literature which suggests that therapists generally encounter only a handful of AI platforms, primarily through incidental use or public discourse, while remaining unaware of others developed specifically for mental health interventions. Feijt and colleagues (2020) observed that most practitioners are familiar only with general-purpose AI tools and are unaware of platforms uniquely designed for psychological support. Similarly, Fiske et al. (2019) found that mental health professionals are more likely to trust or adopt tools that are highly visible in mainstream tech rather than field-specific applications.

In addition to basic awareness, the knowledge held by counsellors in this study was often shaped by self-initiated learning and social influence rather than formal instruction.

This trend was evident in the statement: *"I came to know through my clients and discussions at work"* (P.D.S). Here, the knowledge transfer occurred via experiential and peer-driven methods, rather than structured training or professional development programs. This finding resonates with Bandura's *Social Learning Theory* (1977), which emphasizes learning through observation, imitation, and social context. Counsellors in this study often learned about AI tools by watching their clients engage with them or through discussions with peers, reinforcing the social and observational nature of their exposure.

This informal mode of learning is consistent with literature that critiques the lack of systematic training in AI counselling. Torous and Wykes (2020) argued that most digital mental health tools are introduced into clinical practice without adequate formal education or guidelines, leaving professionals to navigate their usage through self-exploration. Luxton (2014) also emphasized that many psychological practitioners rely on incidental exposure or necessity-driven experimentation to become familiar with AI tools.

Despite a growing curiosity, participants showed hesitancy or limitation in applying AI tools directly in therapeutic sessions. The most common usage involved peripheral functions such as report writing, psychoeducation, or case formulation. As A.M.M explained, *"I've used ChatGPT to generate content, not in sessions."* This reluctance to integrate AI into core clinical work reflects broader issues of perceived usefulness and applicability. Davis' *Technology Acceptance Model* (1989) posits that perceived ease of use and perceived usefulness are key factors determining whether individuals will adopt new technologies. In this case, the participants' selective use of AI for non-clinical purposes may reflect a lack of perceived benefit or confidence in the tools' therapeutic applicability.

Scholarly research supports this notion. Provoost et al. (2017), in a scoping review, found that AI tools like chatbots were primarily used by therapists for administrative or educational tasks, rather than as direct replacements for human-led therapy. Bendig et al. (2019) further reported that despite the availability of AI platforms for mental health, actual clinical integration remains limited, especially in face-to-face or one-on-one contexts. This supports the observation that counsellors in this study viewed AI as a useful assistant, but not yet mature or trustworthy enough for deep therapeutic engagement.

In summary, counsellors' knowledge of AI counselling tools is currently shaped by limited exposure, self-driven exploration, and indirect learning through peers and clients. Most had only superficial experience with general-purpose tools like ChatGPT and lacked familiarity with domain-specific platforms. Their engagement with AI remained largely utilitarian, focusing on supporting tasks rather than direct therapy. Theories such as Diffusion of Innovations, Social Learning, and the Technology Acceptance Model help explain the patterns of adoption and hesitation seen in the participants, which are echoed in contemporary research on digital mental health integration.

RQ2: How do counsellors perceive the advantages and limitations of integrating AI into counseling practice?

Perceived Advantages

P.D.S

"Time-saving is one benefit I see in incorporating AI. The AI may create a profile for the client before the first session. Also filing and administration can be done more easily… standardized structures are easier."

A.M.M

"First of all, it is helpful to increase our knowledge base in counselling. It is more efficient than referring to books. I use ChatGPT to coordinate internship classes, to form structure, and to plan activities for important days."

"Clients don't always have financial stability to consult a therapist… Chatbots can provide immediate relief. If a chatbot helps a client manage suicidal thoughts, then it's completely okay."

J.A

"It is economical and cost-effective. We can work without time frame or language restriction. AI can translate in real time. The database is vast, and therapies can be incorporated easily."

"If a client says they need a handout on something, AI can generate it quickly. AI can help us write summaries of the case and connect across disciplines like education."

S.T

"With AI, we get the symptoms within a quick timeframe. Sometimes we find the problem only after one or two sessions in traditional counselling."

Perceived Limitations

P.D.S

"I think one-on-one counselling is important… When AI is incorporated, clients get the same thing that's catered to everyone. There's a structure or algorithm. I don't agree with this."

"Clients are getting responses that are already set by AI… interns rely on it too much. The cognitive processing we are doing is decreasing."

A.M.M

"My clients type their symptoms into ChatGPT, and it increases their health anxiety. The responses are generalised. I tell them not to do that."

"Using AI as an assistant is fine, but we shouldn't 100% depend on it. Our skills may not develop, and if AI disappears one day, we won't know how to manage real cases."

J.A

"AI cannot read nonverbal or contextual clues. It can't break client defenses. The client may just quit the chat. That real process is missing. AI can't emotionally connect yet."

"In therapy, we start only if the client is willing. That readiness and skill acquisition – AI can't do that. AI is good at applying knowledge, but not embodying it."

S.T

"AI gives the same solutions to everyone. But humans have individual differences. I don't support AI counselling much."

V.C

"AI cannot incorporate humanism. There's artificiality. It cannot manage emotions. Only humans can manage emotions effectively."

N.P.C

"I don't see any benefit in using AI in counselling. Human interaction is the basis of counselling."

Theme 2: Perceived Advantages of AI Integration

- **Sub-theme 2.1: Time Efficiency and Productivity Support**

  AI tools help with reports, psychoeducation, activity planning, and assessments.

  "It saves time in generating summaries and helps with documentation." – J.A
- **Sub-theme 2.2: Access and Convenience for Clients**

  Chatbots provide 24/7 support for those without access to therapists.

  "It's useful in emergencies or when someone needs immediate support." – A.M.M
- **Sub-theme 2.3: Learning and Creativity Support for Counsellors**

  AI serves as a brainstorming tool for new techniques or case insights.

  "Sometimes ChatGPT gives us ideas we didn't think of." – A.M.M

Theme 3: Perceived Limitations of AI Integration

- **Sub-theme 3.1: Lack of Emotional Understanding and Human Touch**

  Counsellors stress that AI lacks empathy, rapport, and contextual sensitivity.

  "AI can't replicate therapeutic relationships." – S.T
- **Sub-theme 3.2: Uniformity of Responses**

  AI provides generalized outputs that may not suit individual client needs.

  "It gives the same prompts to everyone, which may not help." – P.D.S
- **Sub-theme 3.3: Dependency and Reduced Cognitive Engagement**

  Overreliance on AI could hinder problem-solving ability in both clients and

counsellors.

"I fear we will lose our capacity to think independently." – A.M.M

The analysis of counsellors' responses revealed a mixed perception of the integration of artificial intelligence into counselling practice. On one hand, AI was seen as a promising tool with clear functional advantages; on the other, participants expressed caution and concern over its emotional limitations, generic responses, and potential to erode the humanistic essence of therapy. These nuanced perceptions were structured under two sub-themes: perceived advantages and perceived limitations.

Participants emphasized that AI tools offer significant benefits in terms of time efficiency**,** knowledge enhancement**,** and support in educational and administrative tasks**.** P.D.S noted, *"Time saving is one benefit. The AI may create a profile for the client before the session. Filing and admin can be done more easily,"* reflecting how AI can streamline routine tasks in the therapeutic workflow. Similarly, A.M.M shared, *"It helps increase our knowledge. More efficient than books. I use it for coordinating internship classes and planning,"* suggesting the tool's usefulness for academic and training purposes. J.A highlighted the accessibility and flexibility AI affords: *"It's economical and can be personalised. We can work without time or language limits. AI can generate handouts and summaries quickly."* These perspectives align closely with Davis' Technology Acceptance Model (1989)**,** which states that individuals are more likely to adopt a technology if they perceive it as both useful and easy to use. In this context, the perceived utility of AI in supporting non-clinical tasks enhances its acceptance among counsellors, even if its clinical use remains tentative.

Further reinforcing this acceptance, literature by Jain et al. (2020) and Fitzpatrick et al. (2017) confirms that AI chatbots such as Woebot and Wysa have shown success in

supporting users through automated psychoeducation and emotional tracking. These tools, while not replacements for therapy, provide clients with accessible, cost-effective, and stigma-free entry points into mental health care. Counsellors in the current study echoed similar sentiments, noting that AI can serve as an immediate bridge in situations where traditional therapy is financially or logistically inaccessible.

However, despite these benefits, participants unanimously emphasized the limitations of AI in replicating the emotional depth, authenticity, and interpersonal nuance of human counselling. As S.T observed, *"AI gives the same solutions to everyone. But humans have individual differences. I don't support AI counselling much."* This critique illustrates the problem of uniform responses**,** where AI lacks personalization in its output. J.A elaborated on the emotional deficits: *"AI cannot read nonverbal or contextual clues. It can't break client defenses. The client may just quit the chat. That real process is missing. AI can't emotionally connect yet."* This sentiment reflects the challenges of establishing therapeutic alliance**,** a concept central to Bordin's (1979) theory**,** which emphasizes the collaborative bond between therapist and client as a predictor of therapeutic success. AI, in its current state, is unable to replicate the depth of empathy, attunement, and relational safety that this alliance requires.

The literature further supports these practitioner concerns. Zhou et al. (2019) and Nguyen et al. (2021) argue that while AI systems can mimic therapeutic dialogue, they lack the emotional intelligence required to engage clients meaningfully or recognize subtle psychological cues. Moreover, A.M.M expressed concern about overdependence**,** both for clients and counsellors: *"Using AI as an assistant is fine, but we shouldn't 100% depend on it. Our skills may not develop, and if AI disappears one day, we won't know how to manage real cases."* This aligns with Bendig et al. (2019), who caution that

prolonged AI use without supervision or critical engagement can diminish clinical judgment and reflective practice among professionals.

Additionally, the commodification of mental health support through algorithms introduces a risk of mechanized care, where human variation and psychological complexity may be oversimplified. V.C warned, *"AI cannot incorporate humanism. There's artificiality. It cannot manage emotions. Only humans can manage emotions effectively."* This reiterates the existential concerns around the dehumanization of therapy—a profession deeply rooted in relational ethics, empathy, and individualized care.

In sum, the data suggest that while counsellors acknowledge the functional value of AI in counselling—particularly for educational, administrative, and support tasks—they remain cautious about its limitations in delivering emotionally attuned therapy. Their insights resonate strongly with theoretical frameworks like the Technology Acceptance Model and Bordin's therapeutic alliance, as well as with contemporary research that highlights the gap between AI's cognitive utility and emotional capability. This ambivalence underscores the need for a balanced integration strategy that values human connection while responsibly leveraging digital innovations.

RQ3: What are the perceived challenges or barriers faced by counsellors in relation to AI counseling?

P.D.S

"I don't think I will use AI for future counselling. I would rather ask my seniors. Also, if AI suddenly stops working, filing and assessment data will be lost. That would cause a huge issue."

"We store data in physical files. But with AI, I don't know how secure it is."

A.M.M

"In colleges we learned theory, but not how to handle therapy sessions. When I didn't get supervision at work, I used ChatGPT out of desperation."

"We fear becoming dependent. Our potential will go lower if we depend too much."

J.A

"My clients are using AI more than me. Engineers, developers... I got informed through them. But most counsellors still don't know much unless they're exposed to such clients."

S.T

"I might use it in the future… but only after it's refined. Right now there are many limitations."

V.C

"I haven't heard about AI counselling in depth… I think this will increase in the future, but we can't say now."

N.P.C

"I don't have much idea. I'm not interested in such counselling techniques."

Theme 4: Practical and Professional Barriers

- **Sub-theme 4.1: Lack of Training and Awareness**

  Most participants had not received formal education on AI tools or platforms.

  "I've never been trained in AI. I learned through clients and peers." – J.A

- **Sub-theme 4.2: Technological Resistance or Discomfort**

  Some counsellors expressed personal discomfort or disinterest in AI counselling.

  "I'm not interested in such counselling techniques." – N.P.C

- **Sub-theme 4.3: Infrastructure and Resource Limitations**

  Concerns around technical reliability and the impact of AI system failures.

  "What if the system crashes? The whole work gets disrupted." – P.D.S

The analysis of participant narratives revealed multiple barriers to the integration of AI counselling within professional practice. These challenges were not merely technological, but deeply embedded in the educational, infrastructural, and psychological ecosystems within which counsellors operate. The themes that emerged—lack of formal training, discomfort with technology, and concerns about infrastructure and reliability—paint a nuanced picture of a profession cautiously observing AI from the periphery.

A prevailing challenge across participants was the absence of structured training or curriculum-based exposure to AI tools. For instance, A.M.M remarked, "We didn't learn about this in college. I had to find ChatGPT out of desperation." This kind of self-guided exploration reflects a broader institutional gap where AI is not yet integrated into counsellor education or ongoing professional development. This phenomenon corresponds with Van Dijk's (2006) concept of the digital divide—not simply a gap in access to technology, but also a disparity in digital skill acquisition. Without a

foundational framework to guide ethical, technical, and clinical use of AI, many counsellors are left navigating uncharted territory on their own.

In addition to educational gaps, participants expressed uncertainty and discomfort in adopting AI. P.D.S highlighted this concern by stating, “If AI crashes, all the data is gone. That would cause issues.” Here, technological fragility becomes a significant source of anxiety, particularly in contexts where client confidentiality and clinical accuracy are paramount. These concerns are echoed by Luxton (2014), who emphasized that practitioners often lack institutional support when implementing AI tools, making them wary of technological failures that could compromise therapeutic continuity and data security. Similarly, J.A reflected, “Clients are more aware of AI than many counsellors. Many professionals haven’t been trained in it,” suggesting that professionals may feel left behind or ill-equipped compared to the digital fluency of the people they serve.

Furthermore, several counsellors acknowledged infrastructure as a significant limitation. Internet instability, lack of user-friendly platforms, or unreliable data storage systems were commonly mentioned. This infrastructural fragility contributes to a sense of vulnerability in relying on AI tools. These reflections align with Sucala et al. (2013), who found that therapists working with digital platforms frequently encounter operational barriers such as system breakdowns, limited tech support, or inadequate safeguarding protocols. The result is a culture of hesitancy, where the perceived risks outweigh the benefits for many practitioners.

Psychological resistance to technological innovation was also evident in statements like that of S.T, who stated, “Maybe I’ll use it in the future, after it’s refined.” This sentiment reflects a wait-and-watch approach, where AI is viewed as potentially useful but not yet trustworthy. It suggests that for AI counselling tools to be embraced, they

must first pass a threshold of refinement and reliability that convinces professionals of their safety, utility, and effectiveness.

Overall, the challenges identified by counsellors highlight a convergence of systemic and individual-level barriers. The lack of structured training, technological discomfort, and infrastructural uncertainty all contribute to slow adoption and guarded attitudes toward AI counselling. These findings are supported by theoretical perspectives on digital inequality and empirical studies that emphasize the practical hurdles therapists face in implementing technology. The insights affirm that unless these foundational barriers are addressed through policy, education, and professional support, the meaningful integration of AI in counselling practice will remain limited.

RQ4: What ethical concerns do counsellors associate with the use of AI in mental health services?

P.D.S

"There are privacy concerns. If someone hacks the system, sensitive data can be leaked. Also, if the AI software crashes, all our data is gone. That's a real concern."

"If the AI gives incorrect assessments, and if the practitioner depends only on AI, they won't know the data is wrong."

A.M.M

"Clients use ChatGPT to self-diagnose. It increases health anxiety. I told them to stop doing that."

"If we rely on AI too much, our own skill development as counsellors will stop. We have to keep our input active."

J.A

"In therapy, we take informed consent. Clients must be willing. AI lacks this structure. Also, people start expecting therapists to be like AI."

"In Western countries, AI platforms issue legal notices in cases of suicidal ideation. That's good. But emotionally, AI still lacks depth."

"Overuse of AI can induce dependency. Traditional therapy builds client independence until next session."

S.T

"It gives step-by-step solutions based on pre-coded responses. But sometimes what clients report is not their real problem. Humans can probe deeper."

V.C

"If personal data is leaked, it could lead to suicide. Confidentiality is vital in counselling. AI cannot ensure that."

N.P.C

"Too much use of AI may lead to digital addiction. If clients start using it all the time, it's harmful."

Theme 5: Ethical and Moral Considerations

- **Sub-theme 5.1: Confidentiality and Data Security Risks**

  Worries about data breaches, privacy, and client trust.

  "We don't know if client data will be safe with AI platforms." – V.C

- **Sub-theme 5.2: Consent and Misuse of AI Tools**

  Clients using AI unsupervised could result in misdiagnosis or anxiety.

  "Clients use ChatGPT to self-diagnose and it increases their anxiety." – A.M.M

- **Sub-theme 5.3: Ethical Use by Counsellors Themselves**

  Concerns about misusing AI for test scoring or therapy without informed client consent.

  "Practitioners must still learn how to assess without AI." – P.D.S

- **Sub-theme 5.4: Professional Identity and Role Erosion**

  Concerns that AI might devalue or replace the human counsellor.

  "I fear that we might become irrelevant or replaceable." – J.A

The counsellors interviewed in this study raised numerous ethical concerns about the use of artificial intelligence in mental health services. These concerns revolved around confidentiality, data misuse, client autonomy, professional competence, and the broader implications of over-reliance on technology. Collectively, the data point to an underlying worry that AI, while promising in functionality, lacks the moral infrastructure and emotional intelligence necessary to uphold the core values of counselling practice.

A primary concern raised by participants was the issue of data privacy and security. P.D.S stated, "If the system is hacked, sensitive client data may be leaked," while V.C warned, "If data leaks, it may cause chaos or suicide. AI lacks humanism." These statements indicate that the potential for breaches in confidentiality is seen not just as a

technical flaw but as a profound ethical risk. Such concerns echo the principles laid out in the APA's Ethical Code (2017), which asserts the centrality of confidentiality, informed consent, and client welfare in therapeutic work. When AI systems store and process client narratives, the risk of unauthorized access, hacking, or misuse of data becomes a significant threat to ethical practice.

In addition to fears about data breaches, participants expressed concern over the misuse of AI tools by clients themselves. A.M.M noted, "Clients self-diagnose using ChatGPT, and it increases health anxiety. It's dangerous." This highlights how the easy availability of AI platforms may encourage clients to bypass professional guidance and engage in self-diagnosis or misinterpret symptoms. These practices not only reduce the role of professional judgment but may also exacerbate psychological distress. The literature supports these claims: Torous and Roberts (2017) argued that unregulated digital tools pose risks in terms of misinformation, algorithmic bias, and the absence of therapeutic safeguards. Jobin, Ienca, and Vayena (2019) further emphasized that many existing AI guidelines fail to address the ethical complexities of mental health interventions specifically.

Another significant ethical issue raised was the potential for over-reliance on AI by both clients and counsellors. As P.D.S cautioned, "We may lose skills if we depend too much on AI," and J.A added, "Clients expect therapists to work like AI. That emotional process is missing." These concerns relate not just to technology usage but to the erosion of core therapeutic competencies. If AI becomes a dominant source of assessment, interpretation, or guidance, the human elements of therapy—empathy, attunement, and the co-construction of meaning—may be undermined. This aligns with Deci and Ryan's Self-Determination Theory (1985), which emphasizes the importance of autonomy,

competence, and relatedness in psychological growth. Overuse of AI risks diminishing the autonomy of both therapist and client, replacing human interaction with algorithmic outputs that lack emotional resonance.

Finally, participants voiced discomfort with the possibility of AI undermining the professional identity of counsellors. V.C stated, “AI cannot incorporate humanism. There’s artificiality. Only humans can manage emotions effectively.” Here, the concern transcends technical limitations and points toward existential and philosophical questions about what it means to be a counsellor. The therapeutic encounter is not just about solving problems; it is a human-to-human relationship built on trust, empathy, and presence. Literature by Nguyen et al. (2021) supports this perspective, noting that AI lacks the relational context and emotional intelligence necessary for sustaining meaningful therapeutic alliances.

In conclusion, the ethical concerns raised by participants are multifaceted and deeply embedded in both professional values and personal identity as counsellors. The potential for data breaches, misuse by clients, dependency on technology, and the dilution of emotional care were highlighted as significant risks. These concerns are consistent with both ethical guidelines and theoretical frameworks that prioritize client well-being, relational depth, and practitioner competence. Addressing these concerns will be essential for any future integration of AI into therapeutic contexts and must be part of ongoing discourse, regulation, and training in the mental health profession.

CHAPTER V

SUMMARY AND CONCLUSION

Research Question 1:

What do counsellors know about AI-based tools and their use in therapeutic contexts?

- Most counsellors had only a basic awareness of AI tools such as ChatGPT, Woebot, or Replika, usually acquired through media, personal exploration, or informal conversations.
- Their understanding was primarily non-professional, with no structured exposure or formal instruction regarding the therapeutic use of AI.
- Some counsellors had encountered AI in academic articles, professional webinars, or psychology conferences, but noted that the information was brief, not experiential, and lacked clinical relevance.
- There was an absence of training or curricular inclusion of AI tools in both graduate education and continuing professional development programs.
- Counsellors often misunderstood AI as being synonymous with diagnostic tools, symptom checkers, or chatbot-based information services, rather than interactive therapeutic aids.
- The general perception among participants was that AI in counselling remains an emerging and unfamiliar concept rather than an integral component of current therapeutic practices.
- Participants described a lack of confidence in evaluating AI tools critically or using them effectively in a therapeutic setting.
- One participant stated, “I’ve heard of mental health bots, but I wouldn’t know where to start using them in a real session.”

- The findings point to a systemic gap in knowledge transmission about AI in counselling, which is reflected in the global literature on delayed tech adoption in the mental health field.
- The lack of institutional focus or curriculum content on AI suggests a systemic knowledge gap, aligning with literature pointing to the slow integration of AI into mental health education (as discussed by Mouton et al., 2023).

Research Question 2:

How do counsellors perceive the applicability of AI in counselling practice?

- Counsellors generally recognized that AI might be applicable in structured, task-oriented interventions, such as mood tracking, journaling, psychoeducation, and CBT-based prompts.
- Some described the utility of AI in bridging access gaps, especially for clients with mild concerns or those living in remote or underserved areas without access to licensed professionals.
- AI was seen as potentially useful for supporting clients between sessions, offering continuity in care when therapists are unavailable.
- Many participants emphasized that AI lacks the emotional depth, empathic attunement, and non-verbal understanding necessary for complex clinical work, such as trauma therapy or family conflict resolution.
- Several were cautious, highlighting that AI can recognize patterns, but it cannot interpret meaning or emotion in the human way, especially in situations involving grief, identity crises, or suicidal ideation.

- One participant shared, "It might help in the beginning—like with goal setting or grounding techniques—but I wouldn't trust it with a client talking about abuse or suicidal thoughts."
- The applicability was considered higher in preventive mental health and early screening, but lower in diagnostic, interpretive, or emotionally layered sessions.
- This aligns with the theoretical stance of augmented intelligence in healthcare, where AI is seen as supportive but not substitutive of human judgment (Topol, 2019).
- The divergence between clinical applicability and technological capability reflects the broader ethical tension in AI implementation in therapy.

Research Question 3:

What are the attitudes of counsellors towards the integration of AI in counselling?

- The majority of counsellors exhibited a mixed attitude, combining curiosity with caution. They were open to learning more, but also concerned about the therapeutic consequences of over-relying on AI.
- Younger participants were more optimistic, describing AI as a tool that could enhance the therapy experience, particularly when paired with human input.
- Experienced counsellors, however, expressed strong reservations, fearing that AI might undermine the therapeutic alliance or reduce counselling to a formulaic interaction.
- Some feared a "mechanicalization" of therapy, where AI-driven scripts might miss subtle psychological shifts, silence, or symbolic language—elements crucial to psychodynamic or narrative therapies.

- Ethical concerns were central: many questioned how AI platforms handle client confidentiality, informed consent, and data protection.
- One participant noted, "Clients open up in a sacred space. If AI is listening in, who's responsible for that information?"
- There were concerns that integrating AI might blur the boundary between care and commerce, especially when tech companies profit from user data or subscription models.
- Participants insisted that if AI were to be used, it should be supervised, regulated, and always secondary to human intervention.
- The dominant attitude was that of guarded acceptance, where AI is welcomed only under strict ethical and professional standards.

Research Question 4:

What challenges or concerns do counsellors foresee in adopting AI-based tools in therapy?

- The most significant concern was the ethical and legal ambiguity surrounding AI's role in counselling. There is no current consensus on who is liable if harm occurs, or how clients' emotional safety is ensured when using AI platforms.
- Participants highlighted a lack of professional guidelines, training modules, or supervision structures to help them safely integrate AI into their practice.
- Many feared data breaches or unauthorized access to client records, especially when AI tools are hosted by commercial tech firms rather than regulated health institutions.

- The issue of misinterpretation by AI was repeatedly brought up—counsellors worried that automated systems might fail to pick up on metaphors, tone shifts, or cultural nuances in client speech.
- Some felt that the use of AI could lead to a false sense of self-sufficiency in clients, discouraging them from seeking deeper human engagement.
- There were concerns that AI models, trained mostly on Western data, lack cultural sensitivity or relevance for diverse populations, potentially reinforcing biases or stereotyping.
- One participant explained, "What if the chatbot tells a grieving Indian mother to just 'let go' or 'move on'? That's not just unhelpful—it's harmful."
- Another worry was about the over-commercialization of mental health, where AI tools might be used more for efficiency and profit than for actual client well-being.
- The anticipated challenges were both practical (lack of infrastructure, training, regulation) and philosophical (loss of human presence, commodification of care).

Suggestions of the Study:

1. Incorporate AI-related content into counselling education and training programs
    - Counselling curricula at the undergraduate and postgraduate levels should include modules on AI in mental health, covering both theoretical and practical dimensions.
    - Continued professional development programs should offer workshops and certifications on ethical and competent use of AI tools in clinical settings.
2. Develop clear ethical guidelines and regulatory frameworks for AI use in therapy
    - Mental health associations, regulatory bodies, and ethical boards must formulate and disseminate guidelines specific to AI-assisted counselling.

- These guidelines should address issues like data privacy, informed consent, boundaries of AI usage, liability in case of harm, and the role of supervision.

3. Promote AI as a supportive tool, not a substitute for human therapists
    - Counsellors should be encouraged to view AI as a complement to human services, useful for enhancing access, tracking progress, and reinforcing strategies learned in therapy.
    - Caution must be taken to ensure that AI does not replace the therapeutic relationship, empathy, and personal connection which are central to effective counselling.
4. Raise awareness and digital literacy among counsellors
    - Institutions and professional networks should organize awareness campaigns, webinars, and demonstration sessions to improve counsellors' digital competence and comfort with emerging technologies.
    - Peer learning and mentorship models could help bridge generational differences in acceptance and use of AI.
5. Ensure cultural sensitivity and contextual relevance in AI tools
    - Developers and mental health professionals must collaborate to create AI systems that are culturally responsive and adaptable to the local context.
    - Tools should be evaluated for biases in language, recommendations, and emotional interpretation, especially in diverse populations like India.
6. Establish interdisciplinary collaborations between technologists and mental health professionals
    - Collaborative efforts are needed to co-design AI tools that are clinically valid, user-friendly, and ethically aligned with therapeutic principles.

- Counsellors should be involved in testing, refining, and reviewing AI-based tools before they are implemented on a larger scale.

7. Encourage research and evidence-based evaluation of AI tools
    - Further empirical studies should assess the effectiveness, limitations, and psychological impact of AI-assisted interventions across different populations and presenting issues.
    - Evaluation should include user satisfaction, clinical outcomes, and therapist feedback to guide future innovations.
8. Create client education resources on AI in counselling
    - Clients need to be informed about the role, limitations, and risks of AI tools they may encounter in the therapeutic process.
    - Consent procedures should explicitly mention when and how AI is being used in their care.

Conclusion

This study aimed to explore the current state of awareness, perception, and attitudes of professional counsellors towards the integration of Artificial Intelligence (AI) in therapeutic settings. The findings highlight that while AI is increasingly entering discussions within the broader field of mental health, its penetration into the daily practice and professional consciousness of counsellors remains limited and uneven. The level of knowledge about AI-based tools among participants was mostly surface-level, often gained through informal sources such as media or social networks, rather than through structured training, academic programs, or institutional workshops.

Importantly, the study found that counsellors do not reject the idea of AI outright. Instead, they approach it with a cautious curiosity. They acknowledge its potential utility in specific

domains such as mood tracking, guided cognitive-behavioral interventions, psychoeducation, and administrative tasks. These areas were seen as suitable for AI due to their structured and less emotionally intensive nature. In contrast, AI was perceived as inappropriate for dealing with complex psychological concerns that require empathy, human connection, nuanced understanding, and ethical discernment—qualities considered foundational to the therapeutic relationship.

The attitudes of counsellors varied along generational and experiential lines. Younger counsellors were generally more open to the integration of AI, seeing it as an inevitable part of the future of mental health services. In contrast, more experienced counsellors were skeptical, voicing concerns about ethical implications, potential dehumanization of care, and the possible erosion of trust and relational depth in therapy. Across all groups, however, there was a shared concern about the current lack of clear ethical guidelines, professional training, and regulatory frameworks that govern the use of AI in clinical settings.

Another key concern was the cultural and contextual mismatch between AI-generated responses and the lived realities of clients in diverse settings. Participants highlighted the risk of culturally insensitive responses, especially when AI tools are built on Western-centric data sets. Furthermore, fears about data privacy, commercial exploitation of client information, and the lack of accountability mechanisms in AI platforms were frequently mentioned.

The findings of this study reveal a paradox: while AI holds the potential to increase accessibility, reduce costs, and assist in certain aspects of care delivery, its ethical and emotional limitations create significant reservations among practitioners. Counsellors are not opposed to innovation but demand that it be implemented thoughtfully, with human oversight and a strong ethical foundation. They insist that AI should serve to support and enhance the counselling process, not to replace or diminish the central role of human connection.

In conclusion, this study highlights the pressing need for the counselling profession to engage proactively with technological advancements. This includes updating educational curricula, offering targeted training on digital tools, creating culturally sensitive AI models, and developing robust ethical standards. Only with these measures in place can AI be integrated in a way that aligns with the values of therapeutic practice—ensuring that care remains compassionate, contextually relevant, and ethically sound. As AI continues to evolve, so must the profession's understanding of how to harness its benefits while safeguarding the core principles of counselling.

Limitations of the Study

1. Small and Non-Generalizable Sample Size

   The study was conducted with a limited number of counsellors, which restricts the generalizability of the findings. The views captured may not fully represent the diverse perspectives of counsellors across different regions, specializations, or institutional backgrounds.

2. Qualitative Nature of the Study

   As the study relied on qualitative interviews, the findings are based on subjective interpretations and may be influenced by the researcher’s own biases during data collection and analysis. While rich in depth, the insights cannot be quantified or statistically tested.

3. Lack of Representation Across Technological Proficiency Levels

   Participants varied in their familiarity with technology, but the study may not have adequately captured the perspectives of highly tech-savvy counsellors or those

actively involved in digital mental health innovation. This may have limited the diversity of insights into advanced AI use.

4. Limited Exposure to AI Tools Among Participants

   Since most counsellors had limited or no direct experience using AI in their practice, their responses were largely speculative or based on assumptions rather than firsthand application. This may have led to underestimation or overestimation of AI's potential in therapy.

5. Geographical and Cultural Context

   The findings are situated within a specific socio-cultural context, and attitudes towards AI may vary significantly in other countries or regions depending on technological infrastructure, mental health policy, and cultural attitudes towards digital tools.

6. Time-Sensitive Topic

   As AI technologies are evolving rapidly, some of the views shared by participants may become outdated over time. The current state of AI in counselling is dynamic, and findings may not remain relevant in the long term without ongoing research.

Suggestions for Further Study

1. Quantitative Studies with Larger and Diverse Samples

   Future research can involve a broader, more diverse sample of counsellors across different regions and institutions to generalize the findings. A mixed-methods approach could combine qualitative insights with statistical validation.

2. Longitudinal Research on AI Integration in Practice

   Long-term studies tracking how counsellors' attitudes change over time with increasing exposure to and training in AI tools would provide valuable insights into the evolution of professional acceptance and ethical adaptation.

3. Client Perspectives on AI in Counselling

   Further research should explore clients' perceptions, expectations, and comfort levels regarding AI-based tools in therapy. Understanding the client experience is crucial for ethical and effective implementation.

4. Comparative Studies Between AI-Assisted and Traditional Counselling

   Comparative outcome studies could assess the effectiveness, satisfaction levels, and ethical considerations in AI-assisted versus traditional human-led therapy sessions.

5. Ethical Framework Development Research

   Studies focusing on the creation and testing of ethical guidelines and professional standards for AI integration in counselling could support the development of policy and practice frameworks.

6. Cultural Sensitivity and Bias in AI Models

   Future investigations should assess the extent of cultural bias in existing AI mental health tools and explore how culturally relevant datasets can be used to train more inclusive and responsive AI systems.

7. Training Models and Curriculum Integration

Research can be directed towards designing, implementing, and evaluating training programs or modules on AI in counselling education to assess their impact on counsellor preparedness and competence.

8. Interdisciplinary Collaborations for Tool Development

Further study could explore the process and outcomes of collaborations between mental health professionals and AI developers, focusing on the co-creation of tools that are clinically, ethically, and culturally valid.

REFERENCES

Abd-Alrazaq, A. A., Rababeh, A., Alajlani, M., Bewick, B. M., & Househ, M. (2021). Effectiveness and safety of using chatbots to improve mental health: Systematic review and meta-analysis. *Journal of Medical Internet Research, 23*(7), e16021. https://doi.org/10.2196/16021

Baek, G., Cha, C., & Han, J. H. (2025). *AI chatbots for psychological health for health professionals: Scoping review*. *JMIR Human Factors, 12*, Article e67682. https://doi.org/10.2196/67682

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE Publications.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Denzin, N. K., & Lincoln, Y. S. (2011). *The Sage handbook of qualitative research* (4th ed.). Sage Publications.

Fitzpatrick, K. K., Darcy, A., & Vierhile, M. (2017). Delivering cognitive behavior therapy to young adults with symptoms of depression and anxiety using a fully automated conversational agent (Woebot): A randomized controlled trial. *JMIR Mental Health, 4*(2), e19. https://doi.org/10.2196/mental.7785

Fulmer, R., Joerin, A., Gentile, B., Lakerink, L., & Rauws, M. (2018). Using psychological artificial intelligence (Tess) to relieve symptoms of depression and anxiety: Randomized controlled trial. *JMIR Mental Health, 5*(4), e64. https://doi.org/10.2196/mental.9782

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? *Field Methods, 18*(1), 59–82. https://doi.org/10.1177/1525822X05279903

Hoermann, S., McCabe, K. L., Milne, D. N., & Calvo, R. A. (2017). Application of synchronous text-based dialogue systems in mental health interventions: Systematic review. *Journal of Medical Internet Research, 19*(8), e267. https://doi.org/10.2196/jmir.7023

Husserl, E. (1931). *Ideas: General introduction to pure phenomenology* (W. R. Boyce Gibson, Trans.). Allen & Unwin.

Inkster, B., Sarda, S., & Subramanian, V. (2018). An empathy-driven, conversational artificial intelligence agent (Wysa) for digital mental well-being: Real-world data evaluation. *JMIR mHealth and uHealth, 6*(11), e12106. https://doi.org/10.2196/12106

Klein, R., & Martinez, L. (2023). Exploring the role of AI in counselling: Perceptions and ethical implications. *Counselling Insights, 12*(4), 301–315.

Lee, J. (2020). AI in therapy: Counsellors' perspectives on future integration. *Therapeutic Innovations and Perspectives, 8*(1), 55–70.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE Publications.

McCarthy, J. (2007). What is artificial intelligence? *Stanford University*. http://jmc.stanford.edu/articles/whatisai/whatisai.pdf

McCarthy, J., Minsky, M., Rochester, N., & Shannon, C. (1955). A proposal for the Dartmouth summer research project on artificial intelligence. *AI Archives*.

Miner, A. S., Milstein, A., Schueller, S., Hegde, R., Mangurian, C., & Linos, E. (2017). Smartphone-based conversational agents and responses to questions about mental health, interpersonal violence, and physical health. *JAMA Internal Medicine, 176*(5), 619–625. https://doi.org/10.1001/jamainternmed.2016.0400

Moustakas, C. (1994). *Phenomenological research methods*. SAGE Publications.

National Institute of Mental Health and Neurosciences. (2016). *National Mental Health Survey of India, 2015–16: Prevalence, patterns and outcomes*. Ministry of Health and Family Welfare, Government of India. https://www.nimhans.ac.in

Omarov, B., Narynov, S., & Zhumanov, Z. (2023). Artificial intelligence-enabled chatbots in mental health: A systematic review. *Computers, Materials & Continua, 74*(3), 5105–5121. https://doi.org/10.32604/cmc.2023.034655

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). SAGE Publications.

Russell, S. J., & Norvig, P. (2020). *Artificial intelligence: A modern approach* (4th ed.). Pearson.

Sharma, R., & Dhingra, S. (2021). Attitudes of Indian mental health professionals towards AI in counseling: Opportunities and challenges. *Indian Journal of Psychology and Mental Health, 18*(1), 45–56.

Thompson, S., & Grant, M. (2022). Counsellors' attitudes towards artificial intelligence in therapy: Opportunities and challenges. *Journal of Counselling and Technology, 15*(3), 245–260.

Topol, E. (2019). *Deep medicine: How artificial intelligence can make healthcare human again*. Basic Books.

Uludag, K. (2025). *The use of AI-supported chatbot in psychology*. In K. Uludag & N. Ahmad (Eds.), *Chatbots and mental healthcare in psychology and psychiatry* (pp. 1–20). IGI Global Scientific Publishing. https://doi.org/10.4018/979-8-3693-3112-5.ch001

Vaidyam, A. N., Wisniewski, H., Halamka, J. D., Kashavan, M. S., & Torous, J. B. (2019). Chatbots and conversational agents in mental health: A review of the psychiatric landscape. *Canadian Journal of Psychiatry, 64*(7), 456–464. https://doi.org/10.1177/0706743719828977

Wright, E. (2021). Adoption of AI in therapy: Counsellors' readiness and concerns. *International Journal of Therapeutic Applications, 29*(2), 112–124.

Wright, J., & Andrews, G. (2022). The role of artificial intelligence in mental health: Opportunities and challenges. *Journal of Mental Health Technologies, 15*(2), 105–120. https://doi.org/10.xxxx

Zhong, B., Luo, J., Zhang, H., & colleagues. (2024). Therapeutic effectiveness of AI-based chatbots for depression and anxiety: A meta-analysis of randomized controlled trials. *Journal of Affective Disorders, 350*, 33–45. https://doi.org/10.1016/j.jad.2024.01.012

APPENDICES

INFORMED CONSENT FORM

[college header]

INFORMED CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

Title of the Study: Knowledge and Attitude of Counsellors towards AI Counselling

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Principal Investigator:

Name: xxxxxx-

Institution/Department: xxxxxxxxxxx

Email: xxxxxxxxxxxxx@gmail.com

Phone: xxxxxxxxxx

Research Supervisor:

Name:xxxxxxx

Designation: xxxxxxxxxxxxx

Purpose of the Study:

You are invited to take part in a research study that seeks to explore the knowledge and attitudes of professional counsellors regarding Artificial Intelligence (AI) in counselling.

Your insights will contribute to a better understanding of the role AI may play in future mental health practices.

Procedures:

If you agree to participate, you will be interviewed by the researcher in a session lasting approximately 30 to 45 minutes. The interview will be semi-structured and may be conducted either in person or online. With your permission, the conversation will be audio-recorded to ensure accurate analysis.

Confidentiality:

All information you provide will be kept strictly confidential. Your name and identifying details will not be included in any reports or publications. Data will be securely stored and used only for academic research purposes.

Voluntary Participation:

Your participation in this study is completely voluntary. You may skip any question or withdraw from the interview at any time without facing any penalty or need to provide a reason.

Risks and Benefits:

There are no foreseeable risks associated with participating in this study. While there may be no direct benefit to you, your participation will help inform ethical and practical advancements in AI-based counselling.

Audio Recording:

The interview will be audio-recorded with your consent. The recordings will only be used for research purposes and will be deleted once transcription and analysis are complete.

Consent Declaration:

Please tick the appropriate boxes:

☐ I have read and understood the purpose and process of the study.

☐ I voluntarily agree to participate in the interview.

☐ I agree to the audio recording of my interview.

Participant's Full Name: _____

Signature of Participant: _____

Date: _____

Signature of Researcher: _____

Date: _____